Exhibit C

MOTORISTS COVERAGE SELECTION OR REJECTION FORM

Applicant/Named Insured:	
PLUM CREEK TIMBER COMPANY, INC.	

New Hampshire law permits you to make certain decisions regarding Uninsured Motorists Coverage in policies that provide excess limits to a motor vehicle liability policy. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us, or your agent, if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Excess Uninsured Motorists Coverage

In general, Uninsured Motorists Coverage provides insurance protection to an insured with respect to compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of bodily injury caused by an accident. Also included are compensatory damages due to bodily injury that result from an accident with a hit-and-run vehicle whose owner or operator cannot be identified.

N.H. REV. STAT. ANN. § 264:15 requires umbrella policies that provide excess limits to a motor vehicle liability policy to also provide uninsured motorists coverage, unless you reject such coverage in writing.

You must maintain New Hampshire Uninsured Motorists Coverage on your underlying commercial auto liability policy for this Excess Uninsured Motorists Coverage to apply.

You may accept or reject Uninsured Motorists Coverage in this umbrella policy by initialing and signing below. Rejection of such coverage by you shall constitute a rejection of coverage by all insureds, shall apply to all vehicles then or thereafter eligible to be covered under the policy, and shall remain effective upon policy amendment or renewal, unless you request a change in coverage in writing to the Company.

(Initials)	l reject Uninsured Motorists Coverage.	
(Initials) Sign	I wish to select New Hampshire Excess Uninsured this policy's bodily injury limit for each accident, a Uninsured Motorists Coverage on my underlying of acture Of Applicant/Named Insured	nd I agree to maintain New Hampshire

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